

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/700323 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			(1)			
4			(1)			
5			1			
6			1			
7			1			
8			1			
9			1			
10			1			
11			1			
12			1			
13			(1)			
14			(1)			
15			(1)			
16			(1)			
17			(1)			
18			1			
19			1			
20			1			
21			1			
22			1			
23			2			
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49						
50						
TOTAL IND.			10			
TOTAL DEP.			14			
TOTAL CLAIMS			24	8		

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS